

**PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)
SITUATION REPORT
EBOLA VIRUS DISEASE, 2014
DATE OF REPORT: OCTOBER 10, 2014
OPERATIONAL PERIOD: OCTOBER 8 - OCTOBER 10, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)
EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)**

EXECUTIVE SUMMARY

There are currently no suspected or confirmed cases of Ebola in California. A patient in Los Angeles County was diagnosed negative for Ebola Virus Disease (EVD), on October 9th, 2014, and is being monitored for the next 21 days due to possible Ebola incubation. At present, the weekly situational assessment for the risk of Ebola infection in California is very low.

The outbreak of EVD in the West African nations of Guinea, Sierra Leone, and Liberia continues to expand but does not pose a significant risk to the United States. As of September 28, the World Health Organization has reported a cumulative total of 8033 suspect, probable, and confirmed cases and 3865 deaths. Based on the current situation in West Africa, the Centers for Disease Control and Prevention (CDC) considers the risk of importation of multiple cases of EVD into the United States to be very low. However, the outbreak is evolving, and this assessment may change.

A patient with confirmed EVD, diagnosed on September 30, 2014, in Dallas, Texas died on October 8th, 2014. This was the first travel-related case detected outside of West Africa's outbreak region.

The CDC, California Department of Public Health (CDPH), and Emergency Medical Services Authority (EMSA) continue to prepare for the potentiality that a traveler returning to California from West Africa may be infected with Ebola virus. These persons may develop illnesses and require medical evaluation. CDPH and local health jurisdictions are monitoring the situation closely and taking steps to keep the public safe.

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. New guidelines and updated guidelines released by CDC are posted on the CDPH Communicable Diseases Emergency Response (CDER) website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>). Likewise, EMSA has developed

guidelines for Emergency Medical Services (EMS) personnel based on the recommendations of CDC. The guidelines have been distributed to Local Emergency Management Services Agency (LEMSA) Administrators, LEMSA Medical Directors and the Regional Disaster Medical Health Coordination (RDMHC) Programs. Revisions will be made as necessary. The document is posted on EMSA's website at http://www.emsa.ca.gov/ebola_control.

CDPH continues to direct healthcare providers to follow protocols established by the CDC about how to detect and isolate patients who may have Ebola and how they can protect themselves from infection. The CDC advises that healthcare providers in the U.S. should consider Ebola infection in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected West African nations. The CDC advises people returning from the affected areas who may be at high risk for Ebola should be promptly isolated and their blood sent to CDC for testing.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Anthony Champion
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	Jean Paradis
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Craig Johnson
	Contact Information:	916-423-0911

CDPH/DHCS/EMSA CURRENT OPERATIONS

The CDPH internal workgroup to address all public health aspects of the Ebola response meets bi-weekly.

Center for Infectious Diseases (CID) Division of Communicable Disease Control (DCDC)

- **Epidemiology**
 - Significant Issues: See documents listed below.
 - Critical Issues: None
 - Program Impacts:
 - Continue to provide technical consultation for Ebola to local health departments
 - Responded to 4 inquiries: infection control (1); drill (1); laboratory (2)

- **Surveillance**

- All suspect cases must be reported to the local health jurisdiction. The local health jurisdictions will work with the DCDC clinical consultants to determine both the clinical criteria and risk factors for persons suspected of having EVD.
- The DCDC Ebola working group has developed a scenario and checklist that can be used by hospitals as a drill to assess their preparedness for a suspect EVD patient. This hospital drill document was discussed on a statewide conference call on September 25th, 2014 with healthcare provider associations and local health departments. The recording of the conference call and the hospital drill document are available on the CDER Ebola website: <http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>

- **Laboratory**

- Significant Issues:
 - The CDC is evaluating whether additional LRN labs will be selected to perform the Ebola Zaire (EZ1) rRT-PCR assay. Currently the Los Angeles Public Health Lab (LA PHL) is one of 13 US labs approved for testing Ebola samples.
 - If local laboratories (other than Los Angeles) are contacted regarding suspect clinical samples for EVD testing, they should contact CDPH.
 - VRDL is performing a risk and resource assessment to determine feasibility and readiness to test patient samples. Ebola rRT-PCR kit will be received from CDC if this is to occur, and VRDL will be required to test and pass a validation panel prior to testing any suspect specimens.
- Critical Issues:
 - Identification of usable Biosafety Level 3 containment laboratory to handle and inactivate clinical samples.
- Program Impacts:
 - If testing is implemented at VRDL:
 - Likely have significant impact on personal protective equipment (PPE) supplies at VRDL. Other supplies needed for purchase will likely be minimal since kits are provided by CDC.
 - If samples are submitted after normal work hours or on weekends, there may be a need for staff overtime hours for testing.

Infection Control

- Significant Issues: On October 3, CDC updated their *Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus*, to include that Ebola virus is classified as a Category A infectious substance by and regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported offsite for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. A

special permit may be issued for waste haulers to transport such waste.
Additional CDC guidance on the permitting process is anticipated.

- Critical Issues: None
- Program Impacts: No change

Information Officer Activities

- Key Messages
 - Ebola is NOT an airborne transmitted virus. Isolation and personal protective equipment are focused on **CONTACT ISOLATION** as recommended by the CDC.
 - CDPH and EMSA have a plan and processes for response to Ebola.
 - California's hospitals have the capability and capacity to manage Ebola patients.
- DCDC is receiving an increased number of public and healthcare partner-related questions via email and will be responding as time allows. The RCCC is tracking the number of inquiries and will report next operational period.
 - Should the number of inquiries continue to rise, DCDC may request activation of a hotline and response team.

RCCC Activities

The Richmond Campus Coordination Center (RCCC) remains activated at Level 1 with minimal staffing. Hours of operation are 8:00 am to 5:00 pm, Monday through Friday. The DCDC and CDPH Duty Officers provide 24/7 after-hours coverage.

- Significant Issues and Activities:
 - Conference call 10-7-14 with EMSA to coordinate pre-hospital and hospital issues regarding EVD
 - Participated on other conference calls led by CDC and ASTHO.
- Critical Issues: None
- Resource Requests/Needs:
 - PCA and Index for RCCC responders
 - World Courier account for ebola shipping
 - Cache of cell phones for responders (received 2 from EPO, mobilized one from CDER to date)

Medical Countermeasures

- There are no updates at this time.

Community Mitigation

- There are no updates at this time.

Other DCDC Actions

Documents in Development, In Process of Update, or Released by CDPH

- CD Brief: Update on Ebola
- Medical Flyer for hospital E.D.s, and Clinics (English and Spanish Versions)
- Legislative Inquiry to CDPH regarding the EVD
- Response to Media Inquiry

CDC Documents Released this Reporting Period

- Updated: Level 3 Travel Notice – Liberia
- Updated: Level 3 Travel Notice – Sierra Leone
- Updated: Level 3 Travel Notice – Guinea
- Updated: Level 1 Travel Notice – Nigeria
- Interim Guidance for Specimen Collection, Transport, Testing and Submission for Persons Under Investigation for Ebola Virus Disease in the United States
- Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus
- What You Need to Know About Ebola (Factsheet)
- Facts About Bushmeat and Ebola

Environmental Management Branch (EMB)

- The EMB Medical Waste Management Program (MWMP) on October 9th, 2014 participated today in a national teleconference conducted by state medical waste regulators to discuss medical waste best management practices.
- CDPH is also developing an Ebola medical waste handling template consistent with CDC guidelines and in collaboration with the California Hospital Association that can be utilized by all hospitals. Once the initial proposed medical waste handling template is completed and approved, the CDPH MWMP intends to release the template (guidelines) via posting on its website and provide updates as new information is released.
- The DOT has stated that states may apply for exemptions to the Category A Infectious Substance packaging requirements.
- Stakeholders can also find CDC Ebola Guidelines on the CDC website.
(<http://www.cdc.gov/vhf/ebola/hcp/index.html>)

Emergency Preparedness Office (EPO)

- CDPH and EMSA activated the Medical and Health Coordination Center (MHCC) on October 8th 2014 to support activities of the RCCC and enhance communication between emergency response and preparedness partners in California.
- MHCC and EPO management regularly participate in teleconferences regarding EVD with Federal, State, and local partners, assist in development of guidance documents, and coordinate CDPH program actions.
- MHCC maintains an incident on the Cal EOC website.

- CHPH has contracts in place with World Courier to accommodate transport of Ebola samples.

Licensing and Certification Branch

- There is nothing to report from Licensing and Certification at this time regarding Ebola.

CAHAN Alerts

- The CAHAN program issued an alert on October 10th, 2014. Topic: Notification of Local Health Department contacts for Ebola during business hours

EMSA CURRENT OPERATIONS

- EMSA has issued guidelines for EMS personnel based upon CDC recommendations through the RDMHC and Medical and Health Coordination (MHOAC) Programs. EMSA is prepared to continue coordination with EPO, RDMHC, and MHOAC Programs.

OPERATIONAL AREA CURRENT IMPACTS/ACTIONS

- Current impacts/actions for Operational Areas are not included in this situation report as local situation reports have not been requested or provided at this time.

STATE/REGION OVERVIEW

Region/State	Proclamation/Declaration	Activation
MHCC	None	Level I

PUBLIC INFORMATION

Media Inquiries:

10/9/2014

Marc Strassman, Etopia News
Dennis Romero, LA Weekly
Tracy Seipel, San Jose Mercury News

10/8/2014

Tracy Seipel, San Jose Mercury-News
Tom Kisker, Ventura County Star
Eugene Tauber, The Morning Call (Allentown, PA)
Kibkabe Araya, The Daily Journal, (online)

10/7/2014

Thom Jensen, KXTV-TV (Sacramento)
Mike Casper, KCBS-FM (San Francisco)
Joe Grossman, Register-Pajaronian (Watsonville)

10/6/2014

Andrew Blankstein, NBC News
Christina Aanestad, KMUD-FM (Garberville)
Cathy Zhang, KSQQ-FM (San Jose)
Barnett Parker, KXTV-TV (Sacramento)
Tracy Seipel, San Jose Mercury News

RESOURCE REQUESTS

None

FINANCIAL IMPACTS

None